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Dated: _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

For: EXPRESSION VECTOR CODING P972-GENE
FOR CANCER THERAPY AND ADENOVIRUS
PRODUCING THE SAME

RESPONSE TO RESTRICTION REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated June 17, 2004, this submission is responsive to the Restriction Requirement. It is believed no extension fees are due, however, please charge any fees to deposit account 01-0400. The fee for the additional claims is enclosed.

Listing of the Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

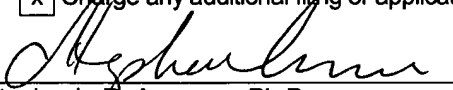
09/20/2004 EAREGAY1 00000099 10089641

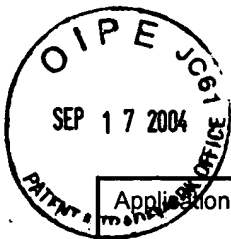
01 FC:1202

126.00 OP

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AMENDMENT TRANSMITTAL LETTER			Docket No. 06181/000K439-US0		
Application No. 10/089,641	Filing Date May 3, 2002	Examiner B. A. Whiteman	Art Unit 1635		
Applicant(s): Dae-Gun Kim, et al.					
Invention: EXPRESSION VECTOR CODING P972-GENE FOR CANCER THERAPY AND ADENOVIRUS PRODUCING THE SAME					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 20 =	7	x 18	126.00
Independent Claims	2	- 3 =	0	x 86	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					126.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 126.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Stephanie B. Amoroso, Ph.D. Attorney Reg. No.: 51,401				Dated: September 17, 2004	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770					
Express Mail Label No. _____ Dated: _____					



Application No. (if known): 10/089,641

Attorney Docket No.: 06181/000K439-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EL 996119635 US** in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 17, 2004
Date

Signature

Pat Campbell

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Response to Restriction Requirement (5 pages) along with Four Abstracts
(5 pages)

Amendment Transmittal Letter (1 page)

Transmittal (1 page)

Check in the amount \$126.00

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